

# INDIAN AIRFORCE AGNIVEERVAYU NON-COMBATANT

## APPLICATION FORM

[TO BE FILLED IN CAPITALS]

STREAM APPLIED FOR \_\_\_\_\_

Registration No \_\_\_\_\_ Roll No \_\_\_\_\_

[To be filled by ASC/CASB]

Passport Size  
Photograph Paste  
Here  
[Self Attested ]

1. [a] Name of the Applicant \_\_\_\_\_  
[As per Matriculation Certificate]

[b] Aadhar Card No \_\_\_\_\_  
[Candidate should enter Aadhar number. Candidates from J&K, Assam and  
Mehhalaya are exempted for the same]

2. [a] Father's Name \_\_\_\_\_  
[As per Matriculation Certificate]

[b] Father's Profession \_\_\_\_\_

[c] Mother's Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_  
[As per Matriculation Certificate]

Age as on \_\_\_\_\_ Years and \_\_\_\_\_ Months  
[Attach copy of Xth Pass Certificate for proof]

4. Nationality \_\_\_\_\_

5. Marital Status : Married / Unmarried \_\_\_\_\_

6. Body Tattoo [Any part of body] \_\_\_\_\_ [Yes / No]

7. Address for Correspondence \_\_\_\_\_

Email Id \_\_\_\_\_ Mobile No \_\_\_\_\_

8. Permanent Address \_\_\_\_\_

9. Educational Qualification :

	Board / University	Certificate No.
X		
XII		

10. Language[s] you can read and write : [a] \_\_\_\_\_ [b] \_\_\_\_\_

11. Details of past service \_\_\_\_\_

12. Present Occupation [if any] \_\_\_\_\_

13. Is your father deceased / retired / serving AF Person? [Airman / NC(E) / Civilian] \_\_\_\_\_  
If so, enclose copy of certificate from Adjt / OI/C Civil Admin / Discharge Certificate / Pension orders.

14. Experience, if any, in the stream applied for \_\_\_\_\_ [Years and months]  
[Attach the copy of certificate as proof]

Date : \_\_\_\_\_

Signature of Applicant

### **CERTIFICATE BY APPLICANT**

**Certified that :**

- [a] The information given above is true to the best of my knowledge.
- [b] I am willing to be posted to anywhere in India to perform duties as per stream allotted to me.
- [c] I am willing / unwilling to change my stream for which I have applied for.
- [d] I am aware that if the certificate submitted by me is found to be fake, the necessary disciplinary action for fraudulent enrolment would be initiated against me.

Date : \_\_\_\_\_

Signature of Applicant

Note : Fill in CAPITAL LETTERS

### **DETAILS OF CERTIFICATES ATTACHED (To be filled by applicant)**

- [a] Certificate of date of birth X pass certificate Yes / No
- [b] Certificate of Experience Yes / No
- [c] Character Certificate [Not older than six months] Yes / No

### **CONSENT CERTIFICATE BY PARENTS / LEGAL GUARDIAN [FOR CANDIDATES BELOW 18 YEARS OF AGE]**

I, \_\_\_\_\_ hereby give me open consent for my son /dependent \_\_\_\_\_ to undergo the physical test for selection of Agniveervayu Non Combatant at his own risk. In case my son / dependent sustains any type of injury during the process of test. I shall not claim any damages or treatment from the IAF

Sign of Candidate

Signature of Applicant's Parent / Legal Guardian

Date : \_\_\_\_\_

Date : \_\_\_\_\_

### **CONSENT CERTIFICATE BY CANDIDATE [FOR CANDIDATE ABOVE 18 YEARS OF AGE]**

I \_\_\_\_\_ hereby give my open consent to undergo the physical test for selection of Agniveervayu Non Combatant at my own risk. In case I sustain any type of injury during the process of test, I shall not claim any damage or treatment from the IAF

Date : \_\_\_\_\_

Signature of Candidate

### **CERTIFICATE BY CHIEF ADMINISTRATIVE OFFICER/ SENIOR ADMINISTRATIVE OFFICER [OPTIONAL]**

It is certify that Shri \_\_\_\_\_ S/o Shri \_\_\_\_\_  
Stn / Unit Registration No \_\_\_\_\_ is working in \_\_\_\_\_  
[NPFs / Messes / Other AF Ventures] since \_\_\_\_\_ years \_\_\_\_\_ months as \_\_\_\_\_

Date :

Place :

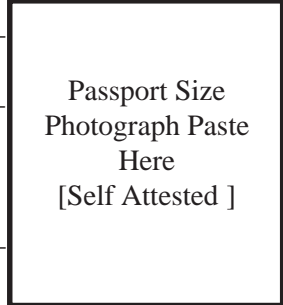
Chief Administrative Officer / Senior Administrative Officer

# INDIAN AIRFORCE AGNIVEERVAYU NON-COMBATANT

## ADMIT CARD

STREAM APPLIED FOR \_\_\_\_\_

1. Name \_\_\_\_\_
2. Aadhar Card No. \_\_\_\_\_  
[Candidate should enter Aadhar number. Candidates from J&K, Assam and Meghalaya are exempted for the same]
3. Father's Name \_\_\_\_\_
4. Address for correspondence  
[To be filled same as per column 7 of application form]  
\_\_\_\_\_  
House No \_\_\_\_\_  
Street / Village \_\_\_\_\_  
Post Office \_\_\_\_\_ Distt \_\_\_\_\_  
State \_\_\_\_\_ Pin Code \_\_\_\_\_
5. Registration No \_\_\_\_\_  
Date and time of Written / PFT / Stream Profeciency Test \_\_\_\_\_
6. Venue of Written / PFT / Stream Profeciency Test \_\_\_\_\_



Unit Stamp

Date : \_\_\_\_\_

Signature of Presiding Officer of the BOO